



COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

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COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Fiscal Officers
Area Agencies on Aging

FROM: Warren J. McKeon

DATE: March 23, 2004

SUBJECT: Equal Opportunity In Procurement Quarterly Report (EOP) For The Quarter Ended March 31, 2004

Reminder!

The EOP Quarterly Report is required to be submitted to VDA by April 12, 2004. The date change is required because the standard due date of the 10th falls on a Saturday. Submission forms can be found on the Aging website at www.vda.virginia.gov. If you have any questions, please contact me at (804) 662-9320.

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Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Fiscal Officers
Area Agencies on Aging

FROM: Warren J. McKeon

DATE: March 23, 2004

SUBJECT: VICAP and Medicare + Choice Final Close Out Report
Grant Period – 04/01/2003 to 03/31/2004

A close out (settlement) report for the fiscal period April 1, 2003 to March 31, 2004 for VICAP and Medicare + Choice is due on or before May 3, 2004. An electronic version of the VICAP closeout report is available on the VDA website, www.vda.virginia.gov. Please e-mail the completed report to reports@vda.virginia.gov and name the file, VICAP Closeout Report PSAxx (Insert your PSA number in the integers, xx).

The total available amounts contained in your VICAP contract Summary of Obligations, should agree with the totals in the VICAP Close Out Report, Approved Budget columns. The total available amounts include unencumbered cash and unadvanced balances as of 03/31/03 from last year's close out report. If you have any questions, please contact me at (804) 662-9320 or by e-mail.

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors, Area Agencies on Aging
Information & Referral Assistance Staff

FROM: Faye D. Cates, MSSW, Human Services Program Coordinator

DATE: March 23, 2004

**SUBJECT: NATIONAL ALLIANCE OF INFORMATION & REFERRAL SYSTEMS
(AIRS) CONFENCE AGING WORKSHOP AT A GLANCE**

Please see the attached preliminary agenda for the National Aging Information and Referral\Assistance (I&R\A) Symposium sessions --- at a glance. This one-page document provides an overview of all the aging related activities. For those pursuing aging I&R certification, the exam will be offered twice during the conference:

- Sunday, May 2, 2004, 1:15 – 4:30 p.m.
- Thursday, May 6, 2004, 8:45 – 10:45 a.m.

I hope to see I&R staff from Virginia's 25 Area Agency on Aging at the conference. We are fortunate to have the 26th National AIRS & National Aging I&R\A Symposium Annual Conference in Virginia this year. So let's make an effort to support it.

National Aging I&R/A Symposium Workshops

2004 Preliminary Agenda for National Aging I&R/A Symposium Sessions

Sunday, May 2 nd	Monday, May 3 rd	Tuesday, May 4 th	Wednesday, May 5 th	Thursday, May 6 th
8am-6pm Registration	7am-5pm Registration	7am-5pm Registration	7am-6pm Registration	
10am-6pm Information Booth	9am-5pm Information Booth	9am-5pm Information Booth	9am-6pm Information Booth	7am-12pm Information Booth
1:30pm-7:30pm Exhibits	9:30am-5pm Exhibits	9:30am-5pm Exhibits	9:30am-5pm Exhibits	
	8am-9:45am Opening Breakfast	Military Sponsored Breakfast		7:30-8:30 Closing Breakfast (\$14.00)
7:30am-9am SUA Continental Breakfast and Opening Meeting	<u>A-1</u> 10am-11:30 <i>Update on National Initiatives Impacting I&R/As</i>	<u>A-7</u> 8:30-10am <i>Aging & Disability Resource Center Initiative: Streamlining Access to Long-term Care</i>	<u>A-9</u> 9am-10:30 <i>Enhancing and Expanding the Role of Aging I&R/As: New Strategies and Partnerships</i>	<u>A-12</u> 8:45am-10:15am <i>Assessment and Case Management Enhanced Technology: Washington State Implementation of the Comprehensive Assessment Reporting Evaluation (CARE)</i>
9am-Noon SUA & AAA Retreat	<u>A-2</u> 10am-11:30 <i>Elder Abuse Hotline: Streamlining Access to Services</i>	<u>A-8</u> 10:30-Noon <i>Promoting Consumer Direction in OAA Services</i>	<u>A-10</u> 10:45am-12:15 <i>The Emerging Male Caregiver: Successful Strategies for Outreach and Support</i>	<u>A-13</u> 10:30am-12:30pm <i>Housing Transitions & Modifications - New Resources for I&R/A's</i>
Lunch on Own	Lunch on Own	AIRS Conference Luncheon Josefina Carbonell Keynote Speaker (Invited)	12:30-2pm AIRS Conference Lunch eon AIRS Annual Meeting	
1pm-4:30pm SUA & AAA Retreat Continued	<u>A-3</u> 1pm-2:30pm <i>Medicare Reform and Prescription Rx: Implications for I&R/As</i>	1:30pm-5pm Networking Opportunities / User Group Meetings U.S. Administration on Aging Meeting with Aging & Disability Resource Center Grantees	<u>A-11</u> 2:15-3:45 <i>SeniorNavigator and the Caregiver Connection: Technology to Support the Care Team</i>	8:30-12:30pm Vendor Workshops
	<u>A-4</u> 1pm-2:30pm <i>Serving Family Caregivers of the Elderly through A Collaborative Statewide I&A Program - Part I</i>			
1:15-4:30pm AIRS Certification Tests & AAS Crisis Worker Exam	<u>A-5</u> 3:15pm-4:45pm <i>Connecting Individuals to Transportation Services - Supporting Independence and Mobility of Older Consumers and Persons with Disabilities</i>			8:45am-10:45am AIRS Certification Tests & AAS Crisis Worker Exam
4:30pm-5:30pm AIRS: Newcomers Welcome	<u>A-6</u> 3:15pm-4:45pm <i>Serving Family Caregivers of the Elderly through A Collaborative Statewide I&A Program - Part II</i>			
5:30pm-7:30pm Welcome Reception				
7:30 - on Dinner on Own	Dinner at Nauticus	Dinner on Own	Dinner on Own	
		7pm-9pm Networking Opportunities / User Group Meetings Continued	7pm-9pm Dessert Reception (Conclusion of Silent Auction)	

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: AAA Directors

FROM: Bill Peterson

DATE: March 23, 2004

SUBJECT: Update - Grants.Gov Website

The feds unveiled their **www.grants.gov** website in December of last year as the ultimate website for “one-stop shopping for federal grants.” VDA sent a notice to all AAAs regarding the availability of this website and encouraging each of you to regularly review it to find federal discretionary grant opportunities.

Attached is an article from the Spring 2004 edition of *The Grantsmanship Center Magazine* which provides a review of the effectiveness of this website.

Attachment

Grants.gov Update

Moving Ahead, Slowly

When the federal government's new Grants.gov Web site was officially unveiled last December—promising “one-stop shopping for information on applying for all federal grants”—it was promoted by the Bush Administration as a major milestone in the President's E-Gov Initiative.

“For the first time, there will be a single government-wide source for information about grants programs across the federal government,” declared Tommy Thompson, Secretary of HHS, the department in charge of developing the cross-agency site.

Now, several months into its operation, how well is Grants.gov measuring up to the hype?

The biggest problem for Grants.gov users has been the spotty, unpredictable list of grant announcements posted to the site. According to HHS's December 9 press release touting the launch of Grants.gov, the site “now has information about more than 800 available grant programs involving all 26 federal grant-making agencies.”

Despite that claim—and a policy directive from the White House Office of Management and Budget that agencies must post their grant announcements to Grants.gov—not all agencies are doing so on a regular basis.

As a result, grantseekers cannot yet rely on Grants.gov for a timely, truly comprehensive inventory of grant announcements. Unless they continue to check the Federal Register every day, they are bound to miss important opportunities.

Grants.gov's outreach coordinator Katie Root acknowledges that some agencies have been slow to comply with OMB's mandate. “We have contacted each agency directly to find out the reasons why this is occurring,” she said. “What we have noticed is that many agencies or sub-agencies choose to post their grant opportunities on Grants.gov after the full announcement has been published in the Federal Register. What I have also noticed is that the agencies have a lag time between when the agency officially announces the grant (typically posting it on their Web site) and when they publish it in the Federal Register.”

On January 7, OMB sent a memo to all federal agencies reminding them to comply with the directive to use Grants.gov and implying that some agencies have been less than fully cooperative.

“I do not believe this is due to agencies dragging their feet,” Root said. “But I do believe the agencies have not adjusted their current processes for Grants.gov and we have been squeezed in after the agency has done its typical grant announcement. It's kind of like, ‘Oh yeah, we almost forgot to place the announcement in Grants.gov.’”

So far, there appear to be no sanctions if an agency fails to post its announcements to Grants.gov. Nor is there any clear date by which grantseekers can be assured that all federal grant announcements will in fact be posted to the site.

Instead, there's much talk about the ongoing need to “educate” grantmaking agencies and “evaluate” the progress being made. And whatever pressure is applied on agencies to comply may have to come from grantseekers themselves, rather than from Grants.gov managers or OMB.

“As we have gone through this evaluation process to discover which agencies are not complying with the OMB notice, we have discovered that the agencies are posting their opportunities, but some are just not posting them at the same time as their full announcement is published in the Federal Register,” Root said. “What would be helpful for Grants.gov is to have the grant community contact those specific grant programs that they believe are not posting on Grants.gov or who have a huge time gap between when it is published in the Federal Register and when it is posted on Grants.gov and ask them to either post the opportunity on Grants.gov or post the opportunity on a more timely basis. This will help reinforce the OMB policy and also push the agencies to provide this service to its recipients.”

Gaps in the “Find Grant

Opportunities” feature of Grants.gov are not the site's only snag. Users also face a serious limitation when they turn to the “Apply for Grants” feature.

According to the December 9 Grants.gov press release, “Apply for Grants” is a feature that “greatly simplifies the application process by allowing applicants to download, complete and submit applications for specific grant opportunities from any federal grantmaking agency.”

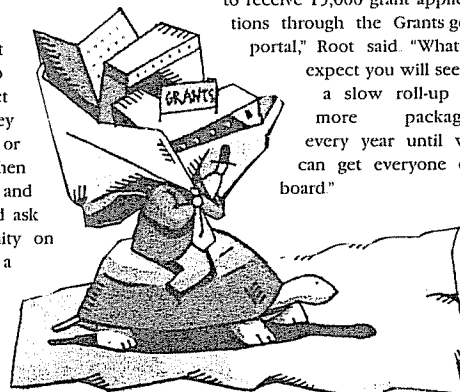
That may be the long-range goal, but as of mid-February, applications for only 15 grant programs could be accessed—and five of those were for competitions that were already closed.

“We are working with agencies to get more programs on board,” Root said. “Many agencies are waiting until they have developed a system-to-system hook-up to Grants.gov. We have been able to accomplish this hook-up with USDA, HHS, and Education. Next in line are EPA, Energy and NSF. This will help us to increase the number of programs we will have available on the Web site.”

Grants.gov has no firm deadline by which all federal agencies' online grant application packages must be accessible at the site, but it does have a couple of targets. “This year we have set our goal at having 50 grant application packages posted on Grants.gov and we hope

to receive 15,000 grant applications through the Grants.gov portal,” Root said. “What I

expect you will see is a slow roll-up of more packages every year until we can get everyone on board.”



COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Carol Cooper Driskill

DATE: March 23, 2004

SUBJECT: **10 Most Common Healthcare Mistakes Made by Seniors
According to Institute for Healthcare Advancement**

While seniors are living longer today than ever before, there are still serious health issues that occur with the aging process, ranging from arthritis and vision problems to hearing loss and forgetfulness. In an effort to help seniors better deal with their health problems, the Institute for Healthcare Advancement (IHA) has identified the 10 most common mistakes seniors make in caring for their health.

The Institute for Healthcare Advancement is a non-profit organization based in La Habra, California dedicated to advancing healthcare delivery through the demonstration of innovative healthcare practices and the education of healthcare professionals and consumers.

“Seniors are enjoying themselves and remaining active much later in life,” said Gloria Mayer, R.N., Ed.D., president and chief executive officer of the La Habra, California - based IHA. At the same time, they must take charge of their healthcare. By identifying the most common errors they make when caring for their health, we hope to enhance physician/patient communications, as well as help seniors better understand how the healthcare system works and what they can do for themselves to stay healthy.”

The 10 Most Common Healthcare Mistakes:

Driving when it's no longer safe: Seniors often associate mobility in a car with their independence, but knowing when it is time to stop driving is important for the safety of everyone on the road. Decisions about when to stop driving should be made together with a family physician because chronological age alone does not determine someone's fitness to drive.

Fighting the aging process and its appearance: Refusing to wear a hearing aid, eyeglasses or dentures, reluctant to ask for help, or to use walking aids are all examples of this type of denial. This behavior may prevent the senior from obtaining helpful assistance with some of the problems of aging.

Reluctance to discuss intimate health problems with the doctor or health care provider: Seniors may not want to bring up sexual or urinary difficulties. Sometimes problems that the senior thinks are trivial, such as stomach upsets, constipation, or jaw pain, may require further evaluation.

Not understanding what the doctor told them about their health problem or medical treatment plan: "I could not understand the doctor," or "He told me what to do, but you know me, I can't remember what he said" are typical complaints. Reluctance to ask the doctor to repeat information or to admit that they do not understand what is being said, can result in serious health consequences.

Disregarding the serious potential for a fall: Falls result in fractures and painful injuries which sometimes take months to heal. To help guard against falling, seniors should remove scatter rugs from the home and have adequate lighting in the home and work areas. They should wear sturdy and well-fitting shoes. Seniors should watch for slopes and cracks in sidewalks. Participating in exercise programs for to improve muscle tone and strength is also helpful.

Failure to have a system or a plan for managing medicines: Missed medication doses can result in inadequate treatment of a medical condition. By using daily schedules, pill box reminders or check off records, seniors can avoid missing medication doses. Because health care providers need to know all of the medicines that a senior is taking, seniors should maintain a complete list of all their prescription and over-the-counter medicines, including dose and the reason that the medicine is being taken.

Not having a single primary care physician who looks at the over all medical plan for treatment: Health problems may be overlooked when a senior goes to several different doctors or treatment programs, and multiple treatment regimens may cause adverse responses. The patient may be over or under treated if a single physician is not evaluating the full medical treatment program.

Not seeking medical attention when early possible warning signs occur: Reasons for such inaction and denial may include lack of money or reduced self worth due to age. “I am so old it doesn’t matter anymore.” Of course, such treatment delays can result in a more advanced stage of illness and a poorer prognosis.

Failure to participate in prevention programs: Flu and pneumonia shots, routine breast and prostate exams are examples of readily available preventive health measures that seniors should utilize to remain healthy.

Not asking loved ones for help: Many seniors are simply too stubborn to ask for help, whether due to an understandable need for independence or because of early signs of dementia. It’s important that elderly people alert family members or other loved ones to any signs of ill health or unusual feelings so that they can be assessed before the problem advances.

The Institute for Healthcare Advancement is a non-profit organization based in La Habra, California dedicated to advancing healthcare delivery through the demonstration of innovative healthcare practices and the education of healthcare professionals and consumers.

For more information, please go to www.iha4health.org.

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Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim M. Catherman
Deputy Commissioner, Support Services

DATE: March 23, 2004

SUBJECT: Compilation of Critical Federal and State Laws

Attached is a "Compilation of Critical Federal and State Laws and Regulations Impacting the Operation of Area Agencies on Aging". As the introduction suggests, VDA has moved towards a web-based reference and archive resource for AAA directors and staff. This "Compilation" is intended to replace AAA Director's Manuals that were produced in 1991 and again in 1997. We will also place this document on our webpage under [Additional Program Guidance](#).

We hope you find the new format useful. If you have any questions, please call me at (804) 662-9309.

Attachment

Virginia Area Agency on Aging

Compilation of Critical Federal and State Laws and Regulations Impacting the Operation of Area Agencies on Aging

Updated and issued by the Virginia Department for the Aging
March 2004



Compilation of Critical Federal and State Laws and Regulations which Impact the Operation of Virginia's Area Agencies on Aging

Background

In the Fall of 1991 and again in the Spring of 1997, the Department for the Aging (VDA) prepared and distributed a AAA *Directors Manual* in response to requests from AAA Directors for a reference that would help ensure they had access to the latest laws and regulations that impacted the operation of their agencies. The original Manual consisted of two large three-ring binders with copies of the Older Americans Act, various Cost Principles, OMB circulars, guidance on lobbying, excerpts from the Code of Federal Regulations on contracts and grants, the Virginia Public Procurement Act, and other laws, regulations, and policies.

Although VDA issued updates and asked AAAs to keep their Manuals up to date, this was a process that was neither effective nor efficient. With the development of computer web-based networks and information systems, a paper-based Manual is no longer the best way to make this information available to AAA directors.

The “New” Manual

VDA has been moving towards a web-based reference and archive resource for AAA directors and staff. The current “Providers” page on the VDA website now contains copies of the Tuesday E-mails, the Service Standards, reports and instructions, the Area Plan format, and various guidance documents. VDA is now expanding this page of the website to include electronic links to the documents that were contained in the old AAA *Directors Manual*.

Compilation of Critical Federal and State Laws and Regulations Impacting the Operation of Area Agencies on Aging

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VOLUME 1: PROGRAM

<u>Reference Number</u>	<u>Title</u>
<u>42 U.S.C. §3001 et seq.</u> United States Code	Older Americans Act (OAA) of 1965, as amended (Public Law 89–73)
<u>45CFR – Part 1321</u> Code of Federal Regulations	Administration on Aging Regulations Grants To State And Community Programs On Aging
<u>§2.2-700 et seq.</u> Code of Virginia	Virginia Department for the Aging
<u>22VAC5-10-10 – 22VAC5-20-200</u> Virginia Administrative Code	Virginia Department for the Aging Regulations
<u>VDA Website</u>	<u>Service Standards</u>
<u>VDA Website Additional Program Guidance</u>	<u>Additional Program Guidance</u>

Compilation of Critical Federal and State Laws and Regulations Impacting the Operation of Area Agencies on Aging

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VOLUME 2: FISCAL

<u>Reference Number</u>	<u>Title</u>
<u>OMB Circular A-87</u>	Cost Principles for State, Local, and Indian Tribal Governments
<u>OMB Circular A-87 Implementation Guide</u>	HHS Cost Principles and Procedures for Establishing Cost Allocation Plans
<u>OMB Circular A-102</u>	Grants and Cooperative Agreements with State and Local Governments
<u>OMB Circular A-110</u>	Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations
<u>OMB Circular A-122</u>	Cost Principles for Non-Profit Organizations
<u>OMB Circular A-133</u>	Audits of States, Local Governments, and Non-Profit Organizations
<u>Appendix A</u>	Data Collection Form (Form SF-SAC)
<u>Appendix B</u>	Health and Human Services Subsection
<u>Yellow Book</u> GAO-03-673G	2003 Government Auditing Standards
<u>AoA Checklists for Internal Control</u>	AoA Checklists for Internal Control

Compilation of Critical Federal and State Laws and Regulations Impacting the Operation of Area Agencies on Aging

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<u>Reference Number</u>	<u>Title</u>
<u>42 U.S.C. §6101 et seq.</u> United States Code	Age Discrimination Act of 1975, as amended
<u>42 U.S.C. §12101 et seq.</u> United States Code	Americans with Disabilities Act (ADA) of 1990, as amended, Title I and Title V (Public Law 101-336)
<u>42 U.S.C. §2000e et seq.</u> United States Code	Civil Rights Act of 1964, as amended, Title VII (Public Law 88-352)
<u>42 U.S.C. §1981 et seq.</u> United States Code	Civil Rights Act of 1991, as amended (Public Law 102-166)
<u>29 U.S.C. §201 et seq.</u> United States Code	Equal Pay Act of 1963, as amended (Public Law 88-38)
<u>DOL Reference Guide</u> 29 U.S.C. §201 et seq.	Fair Labor Standards Act (FLSA) of 1938, as amended
<u>29 U.S.C. §791 et seq.</u> United States Code	Rehabilitation Act of 1973, as amended, Sections 501 and 505 (Public Law 93-112)
<u>§19.2-392.02</u> Code of Virginia	Virginia Criminal Background Checks
<u>§2.2-4200 et seq.</u> Code of Virginia	Virginia Fair Employment Contracting Act
<u>§2.2-3700 et seq.</u> Code of Virginia	Virginia Freedom of Information Act
<u>§2.2-3800 et seq.</u> Code of Virginia	Virginia Government Data Collection and Dissemination Practices Act
<u>§2.2-4300 et seq.</u> Code of Virginia	Virginia Public Procurement Act
<u>§2.2-3100 et seq.</u> Code of Virginia	Virginia State and Local Government Conflict of Interests Act

Compilation of Critical Federal and State Laws and Regulations Impacting the Operation of Area Agencies on Aging

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<u>45CFR – Part 74</u> Code of Federal Regulations	Uniform Administrative Requirements For Awards And Subawards To Institutions Of Higher Education, Hospitals, Other Nonprofit Organizations, And Commercial Organizations
<u>Appendix A</u>	Contract Provisions
<u>45CFR – Part 76</u> Code of Federal Regulations	Government Wide Debarment And Suspension (Nonprocurement) And Government Wide Requirements For Drug--Free Workplace (Grants)
<u>45CFR – Part 80</u> Code of Federal Regulations	Nondiscrimination Under Programs Receiving Federal Assistance Through The Department Of Health And Human Services Effectuation Of Title VI Of The Civil Rights Act Of 1964
<u>45CFR – Part 84</u> Code of Federal Regulations	Nondiscrimination On The Basis Of Handicap In Programs And Activities
<u>45CFR – Part 91</u> Code of Federal Regulations	Nondiscrimination On The Basis Of Age In HHS Programs Or Activities
<u>45CFR – Part 92</u> Code of Federal Regulations	Uniform Administrative Requirements For Grants And Cooperative Agreements To State, Local, And Tribal Governments
<u>45CFR – Part 93</u> Code of Federal Regulations	New Restrictions On Lobbying